2011 Military Health System Conference

Behavioral Health Clinical Quality in the MHS : Past Present and Future

Experience of Care: Improving Quality and Safety

Dori Rogut, M.S., APRN-BC

Patricia G. Moseley, PhD, LMSW, ACSW, DCSW

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OASD/TMA Behavioral Medicine Division

Behavioral Health Clinical Quality in the MHS : Past Present and Future

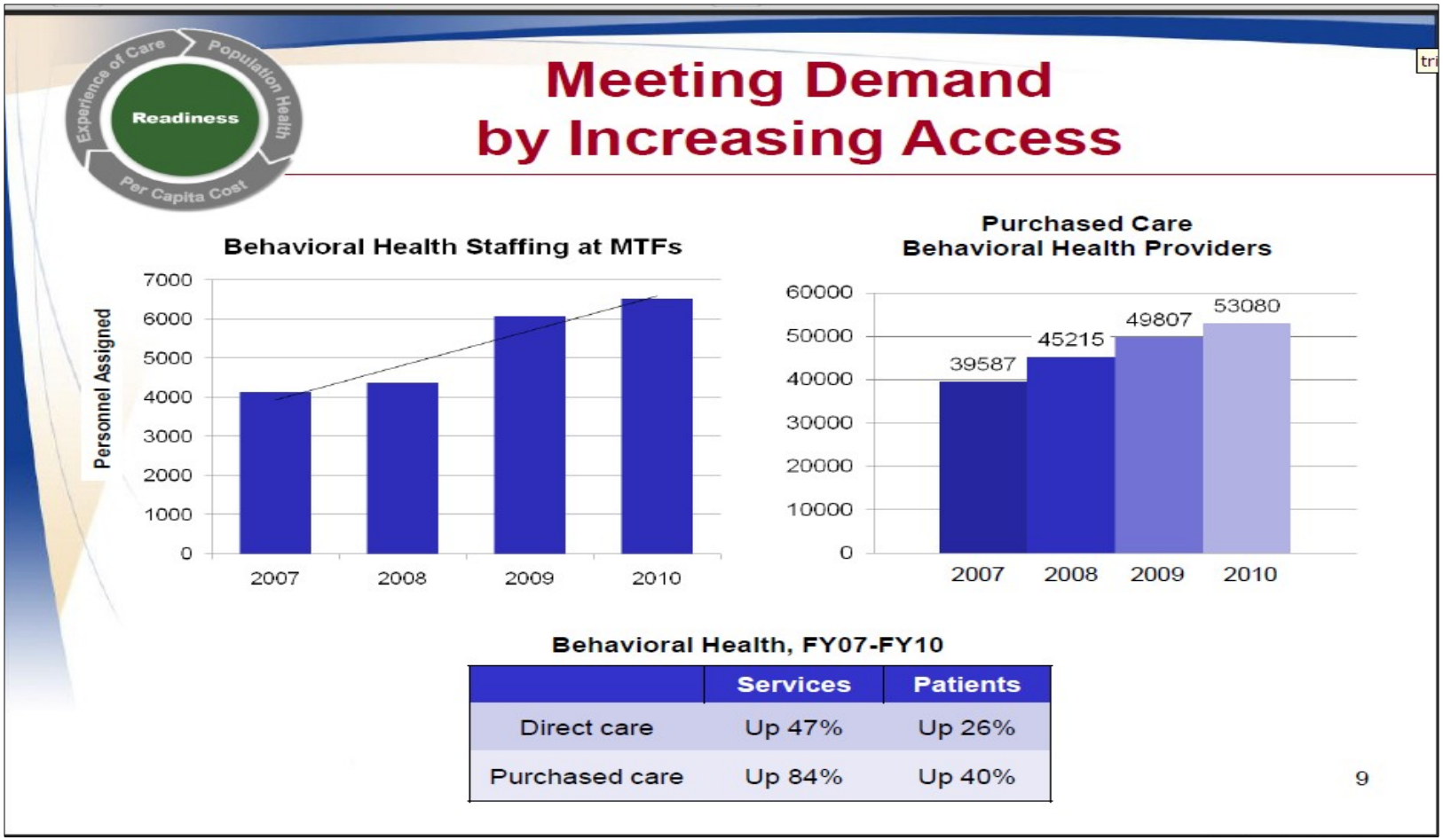
- **Objectives**
  - Gain knowledge of historical context of Behavioral Health (BH) clinical quality in the MHS
    - Dichotomized direct and purchased care systems
    - Evolution of the national focus on health care quality and legislative requirement history
    - Policy and alignment with Quadruple Aims
  - Identify present activities and future opportunities for MHS BH clinical quality

The MHS: Direct and Purchased Care Systems

- MHS is made up of two systems with key differences:
  - The Direct Care (DC) system is the Services run system of hospitals, clinics and providers (MTFs)
    - Closed system
  - Purchased Care (PC) system is the partnership with civilian health care systems in which the MHS purchases health care services for TRICARE beneficiaries in the civilian network
    - Open system
  - Opportunities exist for increased coordination of BH Quality initiatives in both DC and PC Systems
  - Need to balance projects that are response to local quality issues with MHS wide projects that promote standardization and benefit system as a whole.

Topic Area 2 – Discussion of the MHS DC and PC Systems and BH clinical quality

Data on MHS Beneficiaries Receiving Behavioral Health Care



RADM C.S. Hunter, "Clinical Quality in Behavioral Health: A TRICARE Perspective" (15 October 2010)

Overview

- National Focus on Quality Health Care
- Legislative Requirements under NDAA
- Quadruple Aims
- BH Clinical Quality Management
- Implications
- Summary
- Discussion

Evolution of National Focus on Quality in US Health Care and the MHS

1952	**The Joint Commission (TJC) created by** AMA, AHA, ,American College of Physicians and Canadian Medical Assn- originally for acute general hospitals
1965	**Medicare established- conditions of participation and UR**
Till 78	TJC-Move from Subjective Peer Review to Standardized Audits of surgical cases, blood &antibiotic use and medical support
1973	TJC adds Community Mental Health
1979	TJC- Hospital-wide Quality Assurance Programs
1988	TJC Agenda for Change: adopted **Continuous Quality Improvement**
1990	IOM Medicare: A Strategy for Quality Assurance
1990	**Health Care Quality Improvement Act of 1986 operational: NPDB**
1990 & 95	HCFA Health Care Quality Improvement Program (HCQIP) Medicare inpt, '95 outpatient
1995	**DODD 6025.13,"Clinical Quality Management Program (CQMP) in Military Health Services System"**
1999	IOM, "To Err is Human"
1999	NQF & AHRQ formed
2000	DoDI 6025.15-NPDB
2001	IOM 2001, "Crossing the Quality Chasm"
2002	HA Policy 02-016 Definition Quality: IOM Six Aims
2003	ASD Memorandum: Policy for Structure DoD Patient Safety Program
2004	**DoDI 6025.13," Medical Quality Assurance (MQA) in the MHS"**
2006	**DODI 6025.20 Medical Management Programs in DC and Remote Areas**
2010	OASD Memorandum for MHS Health Care Quality Assurance Transparency
2011	DoDD 6025.13 revision

National Focus on Quality of Health Care in America

Institute of Medicine (IOM) projects

- IOM 1999, *To Err Is Human: Building a Safer Health System*
  - Patient safety- 44-98,000 hospital deaths per year from errors
- IOM 2001, *Crossing the Quality Chasm*
  - Designing an innovative and improved health care delivery system
    - Six Aims of Care- Safe, Effective, Patient Centered, Timely, Efficient, Equitable
    - "The difference between what we know and what we do is not just a gap, but a chasm"
- IOM 2002, *Reducing Suicide: A National Imperative*
  - Explores what is known about the epidemiology, risk factors, and interventions for suicide and suicide attempts
- **IOM 2003, *Leadership by Example: Coordinating Government Roles in Improving Health Care Quality***
  - *Congress directed HHS to contract IOM to study quality enhancement processes in Medicaid, Medicare, the State Children's Health Insurance Program, DoD and TRICARE & VA*
- IOM 2006,*Improving the Quality of Health Care for Mental and Substance-Use Conditions*
  - Promoting patient centered care and scientific findings of effective care
- IOM 2010, *Provision of Mental Health Counseling Services Under TRICARE*
  - Study of the credentials, preparation, and training of licensed mental health counselors with recommendations for their independent practice under TRICARE and recommendations for a BH CQMS

Topic Area 1 – Brief examination of BH clinical quality through the lens of the NDAA requirements and the IOM studies

Legislative Requirements 2000-2009

National Defense Authorization Acts (NDAA)

- FY 2000 § 701
  - Allow AD SMs in remote areas to see civilian providers (expanded pool of network providers)
- FY 2006 § 742- on the Quality of Health Care furnished by DoD program measures:
  - Timeliness & access, population health, patient safety, patient satisfaction, use of CPGs, biosurveillance
- FY 2006 § 723
  - Establish a task force to improve efficacy of mental health services in the Armed Forces
    - Included recommendation to increase the # of mental health providers
- FY 2008 § 717
  - -Licensed mental health counselors and the TRICARE program
    - Will add another BH provider category to provide therapy
- FY 2009 § 733
  - Establish a task force on the prevention of suicide by Armed Forces members
- www.armed-services.senate.gov

Topic Area 1 – Brief examination of BH clinical quality through the lens of the NDAA requirements and the IOM studies

Legislative Requirements 2010

National Defense Authorization Acts (NDAA)

- FY 2010 § 596
  - Plan for Prevention, Diagnosis, and Treatment of Substance Use Disorders and Dispositions of Substance Abuse Offenders in the Armed Forces
- FY 2010 § 708
  - Required person-to-person mental health evaluations as part of evidence-based assessments
- FY 2010 § 712
  - Administration and prescription of psychotropic medication for Armed Services
    - Deployment limiting psychiatric conditionS
- FY 2010 § 714
  - Plan to increase mental health capabilities of DoD AD Mental Health Personnel
- www.armed-services.senate.gov

Topic Area 1 – Brief examination of BH clinical quality through the lens of the NDAA requirements and the IOM studies

MHS Policy Alignment with BH Quality

DoD Policy: Overarching Guidance for the MHS

- **DoD 6025.13-R** (MHS Quality Assurance Program Regulation) is the policy guidance that regulates the principles of accountability, continuity of care, quality improvement, and medical readiness.

- **MHS Definition of Quality** "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

- **DoDD 6025.13 and DoD 6025.13-R (2011-awaiting** the IOM six Aims for a quality management system, as introduced in the Quality Chasm and adopted per **HA POLICY: 02-016 (2002) "**More specifically, the services provided will be:
  - Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable

» https://www.mhs-cqm.info/Open/QualityDirectives.aspx

Topic Area 4 – Aligning BH clinical quality with the MHS CQMS to achieve the Quadruple Aims

The Quadruple Aims & BH Quality Initiatives Currently In Progress

Readiness
Behavioral Health Professional Competency & Currency
Current Credentialing & Scope of Practice System (LMHCs)

Experience of Care
Patient & Family-centered Care, Access & Satisfaction
Behavioral Health in Primary Care
Use of CPGs/Evidenced Based Practices (EBPs)

Population Health
Healthy Service members, families & retirees
Quality health care outcomes
Structure, Process & Outcome Measures
CPGs/EBPs

Per Capita Cost
Responsibility Managed
Focused on value
Information Technology to enhance efficiency
Focus on effective EBP

Topic Area 4– Aligning BH clinical quality with the MHS CQMS to achieve the Quadruple Aims

Opportunities for MHS BH Quality

Readiness
Professional Competency
Scope of Practice
Credentialing
Patient Satisfaction Review
Enhanced Peer Review
Review of Competency-Based Training
Military Cultural Competency

Experience of Care
Behavioral Health Care Delivery
Competency Training for Providers
Tools to assist in CPG/EBP use
Patient Feedback on Treatment to Providers
Patient Satisfaction Surveys
Case & Disease Management

Population Health
Measurement
Structure, Process & Outcomes
HEDIS 2011
HBIPS
Screening Tools
CPG Usage
BH Patient Satisfaction Surveys
Case & Disease Management

Per Capita Cost
Behavioral Health Care Delivery
Access to Care
Provider Productivity
Service Delivery Models
Information Technology
Program Evaluation

Topic Area 4 – Aligning BH clinical quality with the MHS CQMS to achieve the Quadruple Aims

Implications of a BH CQMS from the Perspective of a New MTF Provider: Scenario

- Credentialing/Scope of Practice for competent BH providers
- Orientation/Competency Training per IOM recommendations
- Patient Encounter- Intake
- The Patient Experience
- Quality Measures- Structure, Process and Outcomes

Topic 3- How dialogue on the essential elements of BH clinical quality, credentialing, and scopes of practice are the first steps for improving behavioral health clinical quality in the MHS

Summary

- Key Points
  - BH initiatives alignment with Quad Aims and MHS CQMS
  - Focus on standardization and consistency of BH quality across system
  - Focus on measurement of effectiveness of programs and treatments (Outcomes)
  - Continuation of dialogue

QUESTIONS